



MISSOURI DEPARTMENT OF ELEMENTARY AND SECONDARY EDUCATION
SCHOOL AGE CARE GRANTS
BUDGET AMENDMENT

6-090-005

Check appropriate grant name: ☐ Child Care Development Fund ☐ CCDF Discretionary ☐ Extended Day Child Care Program

DISTRICT NAME		SITE NAME	
SITE ADDRESS		SCHOOL YEAR	
CITY	STATE AND ZIP	COUNTY/DISTRICT CODE NUMBER	
CONTACT PERSON	TITLE/POSITION	PHONE NUMBER ()	
IS CONFIRMATION OF THIS AMENDMENT REQUESTED? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, must provide fax number)		FAX NUMBER ()	

INSTRUCTIONS:

1. Complete one form **per site** that received a School Age Care (SAC) grant. You may copy this form as many times as needed.
2. All figures must be rounded to the nearest dollar. Make certain all figures and calculations are correct.
3. **Must ITEMIZE the expenses in each expenditure category below and the purpose for which the funds will be expended. (Attach an additional page.)**
4. Is this a **“required”** amendment as stated in the grant award notification letter? ☐ Yes ☐ No
If yes, list your original Budget request in the first column and your approved budget in the second column.
5. List total SAC Grant award amount for this site: \$ _____

EXPENDITURE CATEGORIES	AWARD/CURRENT AMOUNT	new amount total
A. Salaries & Benefits	\$	\$
B. Program Improvement	\$	\$
Travel - In State	\$	\$
Consultant & Professional Development	\$	\$
C. Materials & Supplies	\$	\$
D. Equipment Purchase	\$	\$
E. Other	\$	\$
TOTAL SAC GRANT DOLLARS	\$	\$

PLEASE COMPLETE AND RETURN TO:

Community Education Supervisor
Department of Elementary and Secondary Education
P.O. Box 480
Jefferson City, MO 65102
Phone: (573) 526-3961 FAX: (573) 526-4261

FOR DEPARTMENT USE ONLY

APPROVAL BOX